LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
10/3/2024 11:00 AM

PROVIDER ID:
13106

LICENSE #:
113110

JURISDICTION:

INSPECTION TYPE	
	Initial Application
	Conversion
	Mandatory Review
	Full
	Complaint Investigation
✔	Monitoring
	Other

☐ Follow Up

Approved Capacity: 20

AGES	Approved for	# Enrolled	# Present
2's	● Y N	2	1
3's	● Y N	4	4
4's	● Y N	5	3
5's (pre-school)	● Y N	0	0
5-15 (school-age)	● Y N	0	0
TOTAL		11	8
Head Start	XXXXXX	0	XXXXXX

REGION:
1

COMPLAINT #:

EXCELS LEVEL:

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
6/30/2025

OPERATOR NAME:
Linthicum Seventh Day Adventist Church

FACILITY NAME:
Friendship Adventist Preschool

ADDRESS:
901 Andover Road Linthicum MD 21090

PERSON(S) INTERVIEWED:
Jessica/Michele

TITLE(S):
Director

TELEPHONE:
(410) 859-3598

E-MAIL:
michelegavin43@gmail.com ◔ Verified ○ N/A

PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
(2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
(3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

C ____	**.03.06A**	Notifications	
C ____	**.04.01B**	Capacity	
C ____	**.05.01A**	Building Safety	
C ____	**.05.08A**	Appropriate Facilities and Supplies	
C ____	**.05.11**	General Cleanliness and Disposal of Refuse	
C ____	**.05.12**	Outdoor Activity Area	
C ____	**.07.02**	Abuse and Neglect Reporting	
C ____	**.07.06**	Child Security	
C ____	**.08.01A**	Appropriate Supervision	
C ____	**.08.03**	Group Size and Staffing	
C ____	**.08.07**	Playground Supervision	
C ____	**.10.01A(4)**	Emergency Escape Route Posted	
C ____	**.10.01C**	Emergency Contact Posted	
C ____	**.10.03**	Safe Use of Materials and Equipment	
C ____	**.10.04**	Potentially Hazardous Items	
C ____	**.12.04A**	Food Safety	

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 02 APPLICATION AND MAINTENANCE

X ____	**.03C**	Maintenance of a Continuing Letter of Compliance

CHAPTER 03 MANAGEMENT AND ADMINISTRATION

X ____	**.01**	Multi-Site Facilities
X ____	**.02**	Admission to Care
X ____	**.03**	Program Records
C ____	**.04**	Child Records
X ____	**.05**	Staff Records
X ____	**.06**	Notifications **[exc. A]**
X ____	**.07**	Change of Operation
X ____	**.08**	Variances
X ____	**.09**	Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

X ____	**.02**	Enrollment and Attendant

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

C ____	**.01**	Building Safety **[exc. A]**

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CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

X ____.02 Accessibility
X ____.03 Indoor Space
X ____.04 Building Repair and Maintenance
X ____.05 Lead-Safe Environment
X ____.06 Ventilation and Temperature
X ____.07 Water Supply
X ____.08 Sanitary Facilities **[exc. A]**
X ____.09 Lighting
X ____.10 Telephone and Communication
X ____.13 Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

X ____.01 Minimum Staff Age
X ____.02 Staff Orientation
C ____.03 Suitability for Employment
X ____.04 Staff Health
C ____.05 Substitutes
X ____.06 Support Personnel
X ____.07 Volunteers

CHAPTER 07 CHILD PROTECTION

X ____.01 Prohibition of Abuse, Neglect, Injurious Treatment
C ____.03 Child Discipline
X ____.04 Parental Access
X ____.05 Authorized Release

CHAPTER 08 CHILD SUPERVISION

C ____.01 Individualized Attention and Care **[exc. A]**
C ____.02 Staff Available for Emergencies
C ____.04 Variations in Group Size
X ____.05 Supervision during Water Activities
X ____.06 Supervision during Transportation
X ____.08 Rest Time Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X ____.01 Materials and Equipment
X ____.02 Rest Furnishings
X ____.03 Storage

CHAPTER 10 SAFETY

X ____.01 Emergency Safety Requirements **[exc. A(4), C]**
X ____.02 First Aid and CPR
X ____.05 Transportation

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CHAPTER 11 HEALTH

X ____.01 Exclusion for Acute Illness

X ____.02 Infectious and Communicable Diseases

X ____.03 Preventing Spread of Disease

X ____.04 Medication Administration and Storage

X ____.05 Smoking

X ____.06 Alcohol and Drugs

CHAPTER 12 NUTRITION

X ____.01 Food Service

X ____.02 Modified Diet

X ____.03 Food Sources

C ____.04 Food Storage and Preparation **[exc. A]**

CHAPTER 12 NUTRITION, CON'T

C ____.05 Food Preparation Area and Equipment

CHAPTER 13 ADOLESCENT FACILITIES

X ____.01 Approved Plan

CHAPTER 14 EDUCATIONAL PROGRAM

X ____.04 Change of Operation

X ____.06 Personnel Qualifications

X ____.07 Educational Program

X ____.08 Child Records

X ____.09 Health, Fire Safety, Zoning

CHAPTER 15 INSPECTIONS, COMPLAINTS AND ENFORCEMENTS

C ____.02 Inspections

X ____.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

Nancy Cahlink-Seidler

10/03/2024

Date